

# Best Available Copy

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION            | INITIALS | ID NO. | DATE    |
|---------------------|----------|--------|---------|
| FEE DETERMINATION   |          |        |         |
| O.I.P.E. CLASSIFIER | CM       | 7/471  | 3-3-98  |
| FORMALITY REVIEW    |          | 10/10  | 4-23-98 |

## INDEX OF CLAIMS

|   |                            |   |                    |
|---|----------------------------|---|--------------------|
| ✓ | ..... Rejected             | N | ..... Non-elected  |
| = | ..... Allowed              | I | ..... Interference |
| - | (Through numeral) Canceled | A | ..... Appeal       |
| + | ..... Restricted           | O | ..... Objected     |

| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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